



**CITY OF AKRON AND AKRON COMMUNITY**  
**FOUNDATION**  
**2012**

**NEIGHBORHOOD PARTNERSHIP PROGRAM**  
**APPLICATION**

Please complete application and return to:

City of Akron, Dept. of Planning and Urban Development  
Comprehensive Planning Division  
161 South High Street  
Suite 201  
Akron, OH 44308.

Application due November 28, 2011

*Please complete entire application; specifically parts that pertain to your program. Also pay special attention to the budget page, making sure NPP funds requested are the same amounts indicated on invoices for payment.*

Submit one original and three copies. Please do not staple.

# 2012 NEIGHBORHOOD PARTNERSHIP PROGRAM APPLICATION

## Organization Information

Application Organization: \_\_\_\_\_

Federal Tax ID Number (**REQUIRED** if your organization is the fiscal agent): \_\_\_\_\_

Address: \_\_\_\_\_

Organization Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Additional contact person: \_\_\_\_\_ Telephone: \_\_\_\_\_

WARD

## Fiscal Agent Information

Fiscal Agent Organization (if applicable): \_\_\_\_\_

Federal Tax ID Number (**REQUIRED**): \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

## Project Information

Program / Project Title: \_\_\_\_\_

Enter the total amount of grant funds requested: \$ \_\_\_\_\_

Enter the total value of the neighborhood match: \$ \_\_\_\_\_

The signatory declares that he/she is the elected Chairperson or President of the applicant organization, has been authorized to make this application on behalf of the organization and that the information supplied in this application is accurate.

\_\_\_\_\_  
Name of Chairperson/ President (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

The signatory declares that he/she is the Executive Director of the non-profit organization that agrees to serve as fiscal agent to receive and administer NPP funds for the above applicant for a fee of \$50.

\_\_\_\_\_  
Name of Chairperson/ President (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Program Information**

Does your project receive other City of Akron or ACF funds? \_\_\_\_\_

Target Population to benefit from program: \_\_\_\_\_

Number of individuals to be served: \_\_\_\_\_

**Duration of Program:** Beginning \_\_\_\_\_ Ending \_\_\_\_\_

(Invoices/receipts must reflect time span for the beginning and ending of the program.)

How often will you meet? \_\_\_\_\_

Meeting Location: \_\_\_\_\_

**Project Description:** In the space provided, explain the proposed project.

---

---

---

---

**Neighborhood Benefit:** How will your project benefit the neighborhood?

---

---

---

Why is this important to the neighborhood?

---

---

---

**Involvement:** Who was involved in the selection and planning of the project? Explain how members of your neighborhood and organization will be involved in implementing the project. **Demonstrate neighborhood involvement.**

---

---

---

**Target Area:** Define the specific neighborhood that will be the focus of the project. If the project involves a specific address or location, please identify (i.e., location of tutoring program, beautification site, etc.). **Please include a map highlighting the project area.**

---

***TO BE COMPLETED BY AFTER SCHOOL PROGRAM PROPOSALS ONLY***

**Curriculum:** Describe how you incorporate academics and recreation in a comprehensive program and how this program supports school day activities. (Please attach additional pages if necessary)

---

---

---

**Tutoring:** **Describe the qualifications of individuals providing tutoring sessions.** (Please attach additional pages if necessary)

---

---

---

**Ratio:** What is the teacher (tutor) / student ratio?

---

**NEIGHBORHOOD PARTNERSHIP PROGRAM  
SAMPLE PROJECT BUDGET**

Description of Budget Item	Estimated Cost	NPP Request	Neighborhood Match		
			Cash	Volunteer (at \$10/hr.)	Donated materials
	Column A	Column B	Column C	Column D	Column E
Supplies/Material					
Equipment					
Copying/Printing					
Consultants/Contracts					
Personnel					
Volunteer Labor					
<b>TOTALS</b>	<b>Total: \$</b>	<b>Total: \$</b>	<b>Total: \$</b>	<b>Total: \$</b>	<b>Total: \$</b>

Note: In TOTALS, the sum of columns C, D and E must meet or exceed Column B. In addition, please submit PROOF OF 501(C) (3) STATUS, a LIST OF CURRENT BOARD MEMBERS, and letters or other documents confirming matching resources and primary partners.

## NEIGHBORHOOD PARTNERSHIP PROGRAM EXAMPLE BUDGET

Description of Budget Item	Estimated Cost	NPP Request	Neighborhood Match		
			Cash	Volunteer (at \$10/hr.)	Donated materials
	Column A	Column B	Column C	Column D	Column E
Supplies/Material					
Flowers	\$1,100	\$1,100			
Street Trees	\$200	\$100			\$100
Equipment					
Tool Rental	\$500	\$500			
Copying/Printing					
Copy Costs	\$100	\$50	\$50		
Consultants/Contracts					
Landscaping	\$200	\$150			\$50
Personnel					
Volunteer Labor					
Neighborhood Residents – Planting Trees (\$10@100 hrs)				\$ 1,000	
Neighborhood Residents – Removing Debris (\$10@100 hrs)				\$1,000	
<b>TOTALS</b>	<b>Total: \$ 2,100</b>	<b>Total: \$ 1,900</b>	<b>Total: \$ 50</b>	<b>Total: \$ 2,000</b>	<b>Total: \$ 150</b>

Please note: Volunteer hours are not payable with NPP funding. Hours are considered match as well as donated cash and materials to offset, equal or surpass NPP requested funds.

## NEIGHBORHOOD PARTNERSHIP PROGRAM "PLEDGE FORM"

**ORGANIZATION:** \_\_\_\_\_

**PROJECT NAME:** \_\_\_\_\_

Please have volunteers sign below pledging that they will work on the above mentioned project.

[illegible]